

Mailing Address: Box 1117, Coaldale AB T1M 1M9

Street Address: 1401 20 Ave **Phone:** 345-2358 **Fax:** 345-2339

 $\textbf{E-mail:} \ \underline{info@coaldalechamber.com} \ \ \textbf{Website:} \ \underline{www.coaldalechamber.com}$

 $\frac{MEMBERSHIP}{January~1^{st}~to~December~31^{st},~2017}$

(Please Print Clearly)

Company:	Type of Business:		
Contact Person: Mr Mrs.	Miss _ Ms		
Position/Title:	Mailing Address:		
Town/City:	Postal Code:		
Street Address:		ent from mailing address.)	
	(If differe	ent from mailing address.)	
Phone #:	Fax #:		
E-mail Address:			
Website Address:			
How Do You Want To Rec	eive Chamber	Notices: Email ☐ Fax	x
FEES: (Please check appropri	ate boxes fees	are GST exempt and pro-rate	d if you join mid-year)
Membership: ☐ Non-Profit ☐ 1 Employee ☐ 6 to 10 Employees	•	☐ Associate☐ 2 to 5 Employees☐ 11+ Employees	\$175.00
(For Members owning business of the two.)	more than one bu	usiness, cost is \$95.00 for the 2 nd	smaller
	AMOUNT EN	ICLOSED:	
Method of Payment: Cash/Cheque/Mone	ev Order (pavable	to Coaldale & District Chambe	r of Commerce)

Remember: If your company is a member, so are your employees.